

Approximately 200 citizens attended the Region 5 pre-health summit meeting. A full complement of stakeholders were represented. Facilitators recorded a variety of comments, concerns, and ideas during break-out sessions. Facilitators then presented their findings to the entire audience:

Un-Insured: Lynnwood Driver, administrator, federally-funded clinic

- Universal coverage
- Revise un-affordable regulations such as HIPAA
- Address mental health concerns
- Address gaps in insurance coverage such as ineligibility for pre-existing conditions
- Uninsured workers
- Medicare not available until age 65
- Some not eligible for Medicare
- Small business can't afford commercial insurance
- State could subsidize private insurance
- Public contributions to insurance pooling
- Increase state involvement in environmental health issues.
- College children of parents working part-time or who "age out" are not covered
- Consider down-sizing hospitals to increase out-patient coverage to increase access.

Medicaid: Karen Stubblefield, hospital marketing vice-president

- Improve access by increasing payments to providers
- Increase number of prescriptions covered
- Increase number of emergency visits covered to compensate for lack of office visits
- Increase rural access
- Respect dignity of patients
- Increase funding for long-term care facilities/gaps in coverage for under 65
- Increase access to health-enhancing procedures such as weight loss surgery

Medicare: Ellen Jones, hospital CEO

- Federal funding issues: where to spend? For what?
- Competition dividing services, diminishing effectiveness
- Rationing of care
- Prescription coverage: decreased access; some have stopped medications
- Eye, dental, hearing: MD covered but appliances are not
- Need to coordinate VA & Medicare systems
- Need 10 year plan to re-design system
- Need to become fiscally sound and not dependent upon borrowing other funds
- Need access for all

Medicare(continued):

- Improve prevention
- Long-term care, including institutional, home, assisted living, adult day care
- Plan for increase demand of baby-boomers
- Plan for major chronic illnesses: heart, renal, diabetes, obesity, lung, blood, cancer
- Plan for transition of cancer from terminal disease to chronic illness

Private insurance: Carol Ratcliff, hospital nursing administrator

- 3-share plan: equal thirds from employer, employee, and government
- “3-share implemented in several states
- dedicated taxes of tobacco and alcohol to health care, not general fund
- increase public hospital funding to take pressure of private system
- raise state taxes across board by 1%
- increase taxes on oil and gas revenue
- increase mental illness coverage
- tax credits for businesses who cover prescription costs, especially small businesses
- make private insurance truly portable: tie insurance to “buy-in” groups not employers
- reduce cost of COBRA coverage post-employment
- shift funds expended on immigrant businesses to healthcare

Children: Elton Williams, hospital CEO

- Problems similar to Medicare
- Easier restoration of uninsured
- Teach healthy lifestyles
- Enhance ADHD clinics
- Increase capacity of school-based clinics
- Improve access to mental health counseling
- Enhance wellness
- Promote breast-feeding
- Acquire machine for Moss to manufacture prescription eye glasses
- Improve access to dental care
- Improve access to mental health for infants and children
- Expand “Children Choice”
- Expand Medicaid waiver program for developmentally disabled
- Provide dedicate emergency services at Moss consistent with other regions
- Expand LA CHIP
- Expand specialty services

65 years and older: Eligah Guillory, Jr. legislative aide

- better nutrition
- better preventive care
- better home health
- improve solvency of social security system
- long-term care: nursing home, etcetera
- better respect, better listening from doctors and pharmacists

Developmental disabilities: Sheila Champagne, United Way vice-president

- Waiting times to fill prescriptions
- Need better collaboration with pharmacies
- Need to add dental coverage for over 21 year old
- Increase health insurance coverage for lifetime
- Pay private entities to decrease wait list
- Single entry OCDD
- Recipient point-of-service
- Eliminate institutional biases
- State plan to down-size
- Lack of community homes, spaces
- Re-balance priorities
- Increase home, community waiver slots
- Change oversight of Charity system from LSU to other state entity
- Decrease provider influence on Medicaid system
- Maintain service through whatever shake-up occurs
- Increase options for recipients/families
- Use Moss to train providers
- Moss benefits from community programs such as “Success by Six”

Mental Illness: Debra Guillory, out-reach coordinator, federally-funded clinic

- Increase emphasis on care at “front end”
- Achieve parity with other health services
- Lack of insurance coverage
- Low reimbursement for providers
- Need to increase community assessments
- Medications expensive
- Need more case management
- Need more housing

Mental illness(continued):

- Need more supportive services
- Need employment opportunities
- Increase community-based programs
- Support “partners-in-crisis”
- Support jail diversion
- Crisis intervention for law enforcement
- Evaluate other state models
- Increase school based clinics
- Jails have become primary institution to deal with mentally ill
- Increase pay to workers
- Decrease eligibility requirements
- Expand integrated treatment program
- Increase under 6 year old intervention
- Increase bed capacity
- Make system easier to navigate for patients
- Require patient compliance by law
- Respect dignity of patients

Addictive disorders: Mike Oler, family physician

- Consolidate services
- Reduce duplication of services
- Increase patient accountability
- Increase management accountability
- Increasing costs are decreasing access
- Improve access to clinics, medications, and in-patient beds
- Improve access to ancillary services: psychiatric, social service, legal

Strengths of system: Jim Rock, plant safety inspector

- Caring staff
- Keeping people alive
- Improved quality of life
- Strong physician provider network
- Coordination of care
- 85% of needed medicines available
- diabetes care
- out-patient care
- case management improving
- physician-patient communication improving
- access
- training programs for physicians and nurses
- good geographic coverage

Strengths of system(continued):

- Caring staff at Moss Regional
- Keeping people alive
- Improved quality of life
- Strong network of physician providers
- Coordination of care
- Access to prescriptions: most medications covered
- Good out-patient services
- Opportunities: patient-physician communication, access, education
- Good geographic coverage by charity system

Gaps in system: Paul Arnold, university small business faculty

- Need “one-stop shopping”: too spread out
- Lack of transportation
- Better prescription coverage
- Need community volunteerism
- Emulate McNeese State University Foundation(\$30 million)
- Lose job>>lose insurance
- Duplication of services
- Too expensive
- Use older, less expensive drugs
- Provide better medication directions
- Public/private cooperation
- Leverage employer support

Access, Quality, Cost: Esther Vincent, city administrator

Access:

- Transportation
- School based clinics
- Rural
- Developmental disability waiver programs
- Home care waiver programs
- Community Care program
- Increase use of technology in homes

Quality:

- Increase visit efficiency by proper scheduling: no double booking
- Psychiatric outcomes/measures
- Re-organize state agencies

Quality(continued):

- Community awareness of developmental disabilities
- Better utilize hospital capacity for developmentally disabled
- Improve education

Cost:

- Use Medicaid more effectively
- Match provider fees with other funds
- Decrease emergency department charges
- Increase services to community by increasing physician reimbursement
- Make sure co-pays count toward deductibles
- Taxes from riverboats and tobacco to go to healthcare
- Personal accountability to decrease costs
- Patient non-compliance increases costs
- Shift from in- to out-patient
- Lack of prisoner capacity requires increase travel and guard costs
- State employees re-hiring to different agency cannot resume same coverage

Funding sources: Richard Spiers, plant manager

- Increase taxes to match federal funds
- Privatize charity system
- Increase taxes and dedicate 100% to healthcare
- Tax sources: tobacco, alcohol, property, income
- Use tobacco settlement monies
- Change constitution to protect health and education
- Provider fees
- Continue in-patient services to capture federal match dollars
- State to cover malpractice insurance for physicians who provide charity care
- External oversight/consulting to reduce costs
- Decrease duplication, waste
- Increase efficiency
- Shift from in- to out-patient
- People who move into state are not registering vehicle and paying taxes

Prioritizing funding: Kay Barnett, port board of director

- Need long-term state and regional planning
- Decrease duplication
- Systemic changes needed
- Consolidate agencies
- Increase number of Medicaid providers

Prioritizing funding(continued):

- Retain healthcare providers, especially at Moss
- Re-open “Initial Care” to decrease emergency department load
- Preventive health
- Recurring revenue sources dedicated to healthcare
- Change state constitution
- Look at other state models
- Don’t lose Moss
- Lift rural hospital and nursing home bed moratorium
- Decrease triage times
- Increase number of healthcare workers
- Increase primary care
- Increase referral capacity
- Increase funding for medical services and medications
- Oncology
- Surgery
- Faith-based initiatives
- Psychiatry services crisis
- Treat entire families
- Changes policies and funding to increase services
- Medicaid community waiver programs
- Universal health care database
- Money to follow patients
- Re-organize and consolidate all accreditation survey organizations
- Public/private cooperation; privatization
- Increase Medicaid, primary care, specialty services for disabled

Moss Regional: Cornelius Moon, police juror; Mike Oler, family physician

KEEP MOSS OPEN!

- Funding
- Oversight: LSU(?); regionalize
- Loss of personnel
- Lost opportunities to train personnel
- Lost capacity in emergency department and specialty services
- Prisoners by-pass triage
- Decrease red-tape, e.g. frequent card renewals
- **Make health and education a top priority of state!!**

The task force has identified other potential issues to address:

- Develop a financial model which accurately describes current healthcare system.
- Analyze health finances: calculate return on investment to payors. Use return on investment to calculate effect upon stakeholders of proposed policies.
- Benchmark public health expenditures against other southern states.
- Measure indigent health needs and costs by region.
- Prioritize health services based upon community benefit.(Oregon model)
- Inventory all health resources public and private by region.
- Develop new payment method: money follows patients.
- Match federal dollars to indigent care provided by private system.
- Hold system accountable to payers for clinical and academic results. Tie payment to results: pay medical schools based upon placing providers in needed areas. Pay providers based in part upon outcomes. Align incentives of stakeholders.
- Place consumers and practitioners in a position to make cost-effective decisions which conserve scarce resources.
- Move policy-making from centralized planning to regional planning and individual choice.
- Re-organize and integrate state agencies to support healthcare objectives.
- Integrate public and private resources: some services and facilities will be lost.
- Work with outside consultants to evaluate and adopt successful programs.
- Coordinate health policy regionally and statewide.
- Alleviate bottlenecks in the system.
- Match capacity to demand more efficiently.

- Measure and improve outcomes, efficiency, and efficacy.
- Develop electronic medical record statewide.
- Develop statewide electronic transfer protocols.
- Develop statewide disease management protocols.
- Promote evidence-based practices(e.g. tax-supported programs should not pay for antibiotics to treat viral infections)
- Develop statewide case management system.
- Increase access to insurance(e.g. DHH waiver process).
- Identify and eliminate waste, fraud, and abuse.
- Liability relief/tort reform to improve access.
- Provide equal protection to all citizens: Alleviate geographic, gender, racial, and income disparities.
- Elaborate and adopt highest ethical standards.
- Meet mission statement.
- Serve as a model of reform.
- Study use of market forces to improve quality and reduce costs to stakeholders:
- Statewide cooperatives?
- Develop strategic partnerships to acquire development capital and technical expertise(e.g. General Electric)
- Promote health education throughout state system.

ANALYSIS:

Louisiana's budget shortfall fell heavily on the charity system. Some private hospitals provide high levels of indigent care. These private hospitals are not adequately funded to cover indigent costs. These policies have worsened a crisis of access. Charity hospitals will require over a billion dollars to repair neglected facilities. Next year's budget deficit will be large. State fund reductions decrease federal matching funds and

other revenue streams. This increases pressure on the private system. Further cuts will have negative, cascading effects.

An example is southwest Louisiana. Evidence of chronic under-investment include:

- Private hospitals in southwest Louisiana provide more un-funded care than in other regions.
- Moss Hospital receives lower funding per capita than does “Big Charity” Hospital in New Orleans.

Some of the regional budget differences relate to medical education and tertiary care. Medical education activities are concentrated in New Orleans and Shreveport. Physicians and tertiary care are also highly concentrated in metropolitan areas.

Moss Hospital faces more cuts. These cuts include reduction in emergency capacity and the elimination of cardiology and gynecology. Moss Hospital does not provide the volume and range of services needed by the region. Moss Hospital is not accredited by the Joint Commission. More cuts at Moss Hospital will decrease access to the Charity system. This will increase the demand for un-funded care at the private hospitals. The private system lacks the capacity to absorb this demand. The private system no longer has the ability to pass costs to payors.

Specialists are scaling back coverage of emergency departments. Neurosurgical emergencies are being transferred out of the region regardless of insurance status. There are gaps in orthopedics, plastic surgery, and ophthalmology. Emergency department waiting times are increasing in the private hospitals. Access is being reduced for all citizens **regardless of insurance status**.

Patients are increasingly required to seek care in other regions. These patients face prohibitive costs of lost income, care of dependents, and transportation. Neglect of preventive and primary care will increase long-term costs to the system.

Confidence in Moss Hospital has decreased. Revenues may fall faster than reductions in expenses. Patients are being displaced into other regions which are also facing cuts. Other regions are severely under-invested and face cuts, including Lafayette, Alexandria, and Baton Rouge. “Big Charity” Hospital in New Orleans receives a small number of patients from Southwest Louisiana.

The health care delivery system is complex. Reductions in access and health status anywhere in the state have implications throughout the state. Health care is a key component affecting the quality of life.

The financial forecast is not good. Maintaining the status quo is not a viable strategy. Changes are inevitable. Positive changes are possible. Appropriate investments in healthcare delivery and research, including genetics, will increase the quality of life, invigorate the economy, increase the state’s revenue base, and provide resources for “safety net” healthcare funding. We believe this is possible through a statewide, bipartisan coalition. Reforms will maximize return on investment.

